00503

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

I

1. PLACE OF DEATH · COUNTY: Garrett Crellin MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:	LENGTH OF STAY (in this place): Life time
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:	
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) Thomas	(Middle) Laffette	(Last) Ashby	4. DATE OF DEATH	(Month) 1	(Day) 17	(Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	8. DATE OF BIRTH: 2/20/1856	9. AGE last birthday: 94 yrs.	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Oakland, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Thomas Ashby	14. MOTHER'S MAIDEN NAME: Jane DeWitt.						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.: None	17. INFORMANT AND ADDRESS: Frank Graham, Crellin, Maryland.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Arteriosclerosis

422.2 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Chronic Myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 13, 1950, to Jan 13, 1950, that I last saw the deceased alive on Jan 13, 1950, and that death occurred at 2:20 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. F. Bumgartner	M D	Oakland Md	1/18/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 1/19/1950	NAME OF CEMETERY OR CREMATORY: Ashby Cemetery	LOCATION (City, town, or county) (State): Underwood, Md
DATE REC'D BY LOCAL REG.: 1-19-1950	REGISTRAR'S SIGNATURE: Julia A. Rowan	24. FUNERAL DIRECTOR: Emroy D. Bolden	ADDRESS

000 VV

RECEIVED
JAN 24 1950
BUREAU OF S

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00504

FILM No. G 124 JAN 30 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: Garrett
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: GRANTSVILLE
LENGTH OF STAY (in this place): 68 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rd #1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Grantsville,
STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): Mary (First) Ann (Middle) Butler (Last)

4. DATE OF DEATH: Jan. (Month) 3 (Day) 1950 (Year)

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 17, 1868

9. AGE last birthday: 81 ~~82~~ yrs. If under 1 year Months: 7 Days: 17 If under 24 hrs. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Somerset Co. Penna.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Abraham Mort

14. MOTHER'S MAIDEN NAME: Anna Mariah Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: nome

17. INFORMANT: Melvin Butler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — 6 yrs

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Jan 3, 1950, that I last saw the deceased alive on Dec 20, 1949, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. A. Davis M.D. Grantsville Md Jan 6 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Jan 6, 1950

NAME OF CEMETERY OR CREMATORY: Grantsville cemetery

LOCATION (City, town, or county) (State): Grantsville, Maryland

DATE REC'D BY LOCAL REG.: Jan 5 1950

REGISTRAR'S SIGNATURE: Esther Broadwater

24. FUNERAL DIRECTOR: Wm Winterberg

ADDRESS: Grantsville, Md.

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JAN 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00505

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Deer Par
MARYLAND
LENGTH OF STAY (in this place): Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Warren (Last) Flanigan.

4. DATE OF DEATH: (Month) 1 (Day) 13 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/2/1873

9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postmaster & Janitor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Garrett County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin V. Flanigan

14. MOTHER'S MAIDEN NAME: Laura Riley.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 220-10-1063

17. INFORMANT AND ADDRESS: Mrs. Laura Flanigan, Deer Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemmhage	18 hrs
420.0 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteria Sclerotic Heart Disease	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1949, to Jan. 13, 1950, that I last saw the deceased alive on Jan 13, 1950, and that death occurred at 7:00P. m., from the causes and on the date stated above.

SIGNATURE: A. E. Manns (Degree or title): MD ADDRESS: Oakland DATE SIGNED: 16 Jan 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 1/16/1950 NAME OF CEMETERY OR CREMATORY: Oakland Cemetery LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG.: 1-16-1950 REGISTRAR'S SIGNATURE: Julia A. Rowan

24. FUNERAL DIRECTOR: Emory D. Bolden ADDRESS: Oakland, 1349 Md.

RECEIVED
JAN 24 1950
BUREAU V. S.

00506

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 167

M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett Gorman, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Ellen (Last) Hooten.

4. DATE OF DEATH (Month) 1 (Day) 11 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH 12/27/1871

9. AGE last birthday 78 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alex Kitzmiller

14. MOTHER'S MAIDEN NAME Martha Shaffer.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mrs. Bessie Reall, Gorman, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Heart Failure	1/4 hour
422.1 Antecedent cause(s)	(b) Art. Cardio - Vascular Disease	?
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility ?

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Jan, 1948, to 11 Jan, 1950, that I last saw the deceased alive on 3 Jan, 1950, and that death occurred at 8:00 P. m., from the causes and on the date stated above.

SIGNATURE Thomas 2. Lusby M D (Degree or title) ADDRESS Oakland, Md. DATE SIGNED 11 Jan 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 1/15/1950

NAME OF CEMETERY OR CREMATORY Pope Cemetery

LOCATION (City, town, or county) Gorman, Md. (State)

DATE REC'D BY LOCAL REG. 1/17/50

REGISTRAR'S SIGNATURE Elmer C. Shaffer

24. FUNERAL DIRECTOR Emroy D. Bolden, Oakland, Md ADDRESS

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JAN 20 1950
BUREAU V. F.

00507

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 163

1. PLACE OF DEATH COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomington
LENGTH OF STAY (In this place) 2 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Luke rd.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomington, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Augustus (Middle) Peter (Last) Langley
4. DATE OF DEATH (Month) Jan. (Day) 28 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH Mar. 22,98
9. AGE last birthday 51 yrs. If under 1 year Months 10 Days 6 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist
10b. KIND OF BUSINESS OR INDUSTRY Navy Yard
11. BIRTHPLACE (State or foreign country) Frostburg, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Augustus P. Langley
14. MOTHER'S MAIDEN NAME Mary Francis Folk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. 1
16. SOCIAL SECURITY NO. 214-07-6555
17. INFORMANT Mrs. Nettie Miller

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bullet wounds of Head.

976X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with Destruction of brain tissue

164c (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Bloomington (COUNTY) Garrett (STATE) Md
TIME OF INJURY (Month) Jan (Day) 28 (Year) 1950 (Hour) 5 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Dept inflicted wounds shot by 22 calibre rifle.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE E. J. Baumgartner (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 1/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/1/50
NAME OF CEMETERY OR CREMATORY Rose Hill Cem
LOCATION (City, town, or county) Cumberland, Md (State)

DATE REC'D BY LOCAL REG. Jan. 31 1950
REGISTRAR'S SIGNATURE Dorsey Pattison
24. FUNERAL DIRECTOR Ellsworth S. Boal ADDRESS

32630

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 2 1950
BUREAU V. S.

00508

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 162

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Grantsville, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) Marshel (Middle) James (Last) McKenzie
4. DATE OF DEATH (Month) Jan (Day) 12 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 14, 1906
9. AGE last birthday 43 yrs. If under 1 year Months 7 Days 28 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman
10b. KIND OF BUSINESS OR INDUSTRY Flood Control
11. BIRTHPLACE (State or foreign country) Frostburg, Md.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Oscar McKenzie
14. MOTHER'S MAIDEN NAME Bessie McKenzie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-05-7177
17. INFORMANT Mrs Marshall McKenzie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carbon Monoxide Poisoning

824.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

178B (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) automobile (CITY OR TOWN) Grantsville (COUNTY) Garrett (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 12-1950 m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Overcome by fumes in automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. I. Baumgartner (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 1/12/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan 14, 1950
NAME OF CEMETERY OR CREMATORY St Ann Cemetery
LOCATION (City, town, or county) Garrett County (State) Md.
DATE REC'D BY LOCAL REG. Jan-18-1950
REGISTRAR'S SIGNATURE Ethel Broadwater
24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville Md

316 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00569

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 162

1. PLACE OF DEATH: COUNTY Garett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Jennings — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Jennings
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ellsworth (Middle) - (Last) Meyers

4. DATE OF DEATH: (Month) Jan (Day) 23 (Year) 19 50

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 2-12-1907

9. AGE last birthday: 42 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Minor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Somerset County Pa

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Charles David Meyers

14. MOTHER'S MAIDEN NAME: Ida Bittinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II

16. SOCIAL SECURITY NO.: 217-09-6432

17. INFORMANT: Herman Meyers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Empyema Bilateral

490 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Lobar Pneumonia - Bilateral

108 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Sclerosis - Left

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) E. S. Baumgartner M.D. — ADDRESS Oakland Md — DATE SIGNED 1/24/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF I-26-1950 — NAME OF CEMETERY OR CREMATORY: New Germany — LOCATION (City, town, or county) (State): Rural R.D.2. Grantsville Md

DATE REC'D BY LOCAL REG. 1-25-50 — REGISTRAR'S SIGNATURE: Ethel Broadwater — 24. FUNERAL DIRECTOR: Wm Winterberg — ADDRESS: Grantsville Md

45402

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5A

RECEIVED
JAN 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00510

CERTIFICATE OF DEATH

Reg. Dist. No. 16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Swanton
LENGTH OF STAY (In this place) 80yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 Mile North

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Swanton
STREET ADDRESS 1mile North (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) - (Last) Rexroad
4. DATE OF DEATH: (Month) Jan. (Day) 28 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 31, 1869
9. AGE last birthday: 80 yrs. If under 1 year Months: 7 If under 24 hrs. Days: 27 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Accident, Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Levi Sweitzer
14. MOTHER'S MAIDEN NAME: Mary Bittinger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT: Wm H. Rexroad, Swanton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Interstisial Nephritis years sta ndibg

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
450.0
1310
(b) Paralysis of the Throat, was affected about 2 years ago about 10 days ago
(c) Arte rioscleros is Anemia and undernourished

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from years 1-15-50 to 1-29, 19 50 that I last saw the deceased alive on 1-22-, 19 50, and that death occurred at 11:25P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION (Specify) Burial | DATE THEREOF Jan. 31/50 | NAME OF CEMETERY OR CREMATORY Deer Park Cemetery | LOCATION (City, town, or county) Deer Park, Garrett Co. | (State) Md

DATE REC'D BY LOCAL REG. 1-31-50 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Otha F. Sharpless, Blaine, W.Va. ADDRESS

VS. A15

RECEIVED
FEB 14 1950
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00511 166

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Garrett; Oakland, MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place) Life time; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Vally; (Middle) Sidonia; (Last) Sanders

4. DATE OF DEATH: (Month) 1; (Day) 26; (Year) 19[illegible]

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/26/1892

9. AGE last birthday: 57 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: House wife

11. BIRTHPLACE (State or foreign country): Aurora, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis Henry Paulie.

14. MOTHER'S MAIDEN NAME: Amelia Shaffer.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. Nelson C. Sanders, Oakland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma lung, Metastatic

17K Antecedent cause(s)

48a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Cervix Uteri

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 16, 19[illegible]7, to Jan 25, 1950, that I last saw the deceased alive on Jan 25, 1950, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A E. Manns MD Oakland Md 28 Jan 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 1/29/1950

NAME OF CEMETERY OR CREMATORY Oakland Cemetery

LOCATION (City, town, or county) (State) Oakland, Maryland.

DATE REC'D BY LOCAL REG. 1-29-50

REGISTRAR'S SIGNATURE Julia A Rowan

24. FUNERAL DIRECTOR Essroy D. Golden, Oakland, Md ADDRESS

RECEIVED
FEB 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00512

Reg. Dist. No. 166

1. PLACE OF DEATH — COUNTY: Garrett — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Deer Park — LENGTH OF STAY (in this place): 67 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Deer Park,
HOSPITAL OR INSTITUTION OR STREET ADDRESS: near White Church	STREET ADDRESS (If rural, give location): Near White Church

3. NAME OF DECEASED (Type or Print)	(First) George	(Middle) Alva	(Last) Steyer	4. DATE OF DEATH	(Month) Jan. (Day) 13, (Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 4/26/1882	9. AGE last birthday: 67 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Own Farm	11. BIRTHPLACE (State or foreign country): Maryland.	12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME: Samuel G. Steyer	14. MOTHER'S MAIDEN NAME: Isobell Duling				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): ---	16. SOCIAL SECURITY No.: ----	17. INFORMANT AND ADDRESS: John W. Steyer - Deer Park, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Decompensation	8 months
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Sclerotic Heart Disease	10 yrs
	(c)	

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 3, 1949, to Sept 23, 1949, that I last saw the deceased alive on Sept 23, 1949, and that death occurred at 3:15 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James H. Feaster, Jr.	M.D.	Oakland, Md.	Jan 15th, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 1/15/50	NAME OF CEMETERY OR CREMATORY: White Church Cemetery	LOCATION (City, town, or county) (State): Garrett County, Md.
DATE REC'D BY LOCAL REG.: 1-15-50	REGISTRAR'S SIGNATURE: Julia A Rowan	24. FUNERAL DIRECTOR: Herbert C. Leighton	ADDRESS: Oakland, Md.

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JAN 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00513

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 172

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller; LENGTH OF STAY IN THIS PLACE 18yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Hazel St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller; STREET ADDRESS Hazel St. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Egnatz; (Middle) -; (Last) Thomas

4. DATE OF DEATH: (Month) Jan. (Day) 3 (Year) 50 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: ??

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mines

11. BIRTHPLACE (State or foreign country): Lithuania

12. CITIZEN OF WHAT COUNTRY: Lithuania

13. FATHER'S NAME: John Thomas

14. MOTHER'S MAIDEN NAME: Mary --(Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-07- 5268

17. INFORMANT: Mrs.Casper Thomas70078 Maplewood Ave Chicago,Ill.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Heart Disease — 2yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Severe Bronchial Asthma — ?

241 X 94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to Jan 3, 1950, that I last saw the deceased alive on Jan. 3, 1950, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE: Ralph Calandrella | (Degree or title) M.D | ADDRESS: Kitzmiller Md | DATE SIGNED: Jan 4-50

23. BURIAL / CREMATION / REMOVAL (Specify): Burial | DATE THEREOF: 1/7/50 | NAME OF CEMETERY OR CREMATORY: St.Casimir Cemetery | LOCATION (City, town, or county) (State): Chicago, Ill

DATE REC'D BY LOCAL REG.: Jan 5-50 | REGISTRAR'S SIGNATURE: A.W.Barrick | 24. FUNERAL DIRECTOR: Otha F. Sharpless, Blaine, W.Va. | ADDRESS

45403

VS. A15

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JAN 9 1950
BUREAU V. S.